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New services within pharmacy's grasp

See page 6

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References: 1. Balmford A, et al. Arch Intern Med 2000; 160:3128-3134.

Date of preparation: March 2008

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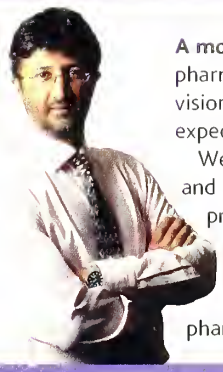
Comment from the Editor



A month ago I questioned whether the pharmacy white paper would deliver a vision that matched the industry's expectations.

We now have our answer and, if a secure and sustained financial commitment is provided to turn the latest blueprint into reality, community pharmacy in England faces a rosier future.

Pharmacy wishes – from turning pharmacies into 'healthy living centres' to focusing pharmacists' skills to tackle public health issues and to support those with long-term conditions – are addressed in the white paper.

For news of the white paper's proposals and how it will affect you, C+D has produced a six-page white paper special (pages 6, 7, and 14 to 19), which kicks off with a guest comment from England's chief pharmaceutical officer Keith Ridge below.

Gary Paragpuri, Editor

Keith Ridge on the white paper

The difference between the current political and senior managerial commitment to pharmacy, compared to the 1990s when I was first employed here, is immense. Government is strongly supporting pharmacy as the first port of call for people with minor ailments, and wants to see new services introduced, such as support for people with long-term conditions and pharmacies playing a central role in helping people stay healthy.

The resulting determination to recognise and utilise staff expertise in pharmacy, to provide more care for the public, reflects what I have heard from the profession at listening events for Lord Darzi's Next Stage Review. The key messages from those events, which I fed back to Lord Darzi, were clear: pharmacy wants to be involved at all levels in the design of health services. While recognising some of the barriers to making this a reality, pharmacy sees provision of extra clinical services as the future, and demands strong national and local leadership to achieve this. Building on Strengths, Delivering the Future addresses all of these.

Someone said to me recently that a white paper is merely a set of words, and it's the implementation that counts. Of course, the words are the vision, and from here I will look forward to detailed discussion and negotiations with the profession to make that vision a reality.

Pharmacy has proven, particularly in recent years, that it is set for change and ably prepared to deliver more clinical services to the public. While on the one hand this is driven by major health challenges such as the ageing population and the growth in chronic diseases and obesity, on the other it is recognition of pharmacy's inherent knowledge and skills in good use of medicines – positioned at the very heart of communities.

The next five years promise to be exciting and I am looking forward to working with the profession, along with our two new national clinical directors for pharmacy and their local champions, to help you deliver an exciting future for pharmacy and faster, more convenient care for the public.

Keith Ridge, chief pharmaceutical officer, England

Contents

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White paper hands over 'landmark' opportunity

Proposals will complete transformation of profession, says England's chief pharmacist

Jennifer Richardson

The long-awaited pharmacy white paper will build on the profession's current strengths and cement its clinical role, the Department of Health has said.

The policy document, entitled Pharmacy in England: Building on Strengths, Delivering the Future, was published last Thursday, having been delayed since autumn last year in order to align with Lord Darzi's ongoing review of the NHS.

England's chief pharmaceutical officer Keith Ridge said the "landmark" paper "should complete the transformation of pharmacy to a clinical profession".

The 139 pages include proposals for: a community pharmacy minor ailments service in every PCT; the development of pharmacies into "healthy living centres"; improving MUR targeting; and increased pharmacy roles in managing long-term conditions, preventative screening and vaccination.

The paper recognised progress already made in some areas proposed for development, and highlighted examples of best practice, including C+D pharmacy champion Raj Radia's influenza vaccination service at Spring Pharmacy, London.

However, it said the speed of progress needed to increase. And it warned that pharmacy's "active involvement" was required to realise this change. "It is not enough to operate simply by providing a minimum level of service," the white paper said.

The government committed to preventing such minimum service provision and inadequate standards with both financial incentives and penalties. This was linked to Anne Galbraith's review of contractual arrangements to which the white paper responds.

Pharmacy minister Dawn Primarolo said the paper reflected the views of the profession. She said: "We have listened to what pharmacists have to say."

More from C+D's white paper special report on pages 14 to 19

Few clues over payment

The white paper offers few clues as to how pharmacists will be remunerated for the new and expanded roles it offers the profession.

Department of Health representatives said such detail was a matter for further discussion. The document itself said possible payment mechanisms would be included in consultations on the white paper's proposals, planned for the summer.

But there was "absolutely" the potential for pharmacists to earn more as a result of the new policy document, DH head of pharmacy Jeanette Howe said.

However, some felt this was not enough assurance. A Society statement said: "The RPSGB... believes there is need for more clarity on how the government is going to fund the new services."

MURs: too much emphasis on quantity

Government to revamp MURs

The government wants to overhaul medicines use reviews (MURs) because there is little evidence of their effectiveness, and quality has been lost in the rush to undertake them in large volumes.

The white paper sets out a plan to get NHS Employers and PSNC to renegotiate the terms of MURs.

Ministers are hoping to create "a set of pragmatic, easily measurable metrics or indicators that will serve to demonstrate the quality and outcomes of pharmacy service provision".

The government pledges a crackdown on contractors who fail to meet minimum MUR standards.

Alastair Buxton, head of NHS services for PSNC, said: "It is always possible that a small number of individuals are motivated financially, but I'm clear that the majority of contractors are aiming for the best possible quality of care."

He said the time was right to "refocus" the way MURs worked, but rejected the idea that the government wanted a scheme similar to GPs' quality and outcomes framework.

Michael Maguire, an independent pharmacist in Middlesbrough, said: "I think it's reasonable, but if we were paid properly for the other services and dispensing there wouldn't be the necessity to look at profit before quality." **RF**

100-hour changes 'do not go far enough'

Industry voices frustration as global sum takes the strain

Zoe Smeaton

Proposals to tighten up the 100-hour pharmacy control of entry exemption do not go far enough, industry insiders have warned.

The white paper outlined plans to introduce distance restrictions between new 100-hour pharmacies and force businesses to provide specific services.

These were the two favoured measures from a list of four possible safeguards published in last week's white paper. Westminster will consult on these proposals later this year.

The options included:

1. Introduce a distance restriction between new 100-hour pharmacies to prevent them clustering in future.

2. Impose a tighter requirement on the exemption, making new applicants justify the need for a 100-hour pharmacy to the PCT.

3. Create direct contracts between PCTs and applicants so that service provisions could be broadened into areas such as outreach or training.

4. Strengthen the requirements for the specific services a 100-hour pharmacy provides.

However, John D'Arcy, managing director at Numark, warned: "The 100-hour pharmacy exemption is frustrating the ability of PCTs to plan local pharmacy services and is placing an unacceptable strain on the global sum."

Numark's concerns were echoed by other organisations. The Independent Pharmacy Federation said the white paper proposals did not go far enough and all had problems.

NPA chief pharmacist Colette McCreedy said the commitment to review the exemption could "lead to considerable disruption in the immediate term". And the Co-operative Pharmacy said the lack of a conclusion impacted on its ability to invest for the future.

Simon Burns MP, who has been fighting in Parliament to save a local pharmacy threatened by a potential 100-hour opening, said he felt removing the exemption, and bringing back the obligation for every new pharmacy to be considered desirable or necessary, seemed the most sensible option.

Bright idea: government wants distance restrictions between new 100-hour pharmacies

Galbraith review finally arrives

Anne Galbraith's review of NHS pharmaceutical contractual arrangements was published alongside the white paper.

The report followed consultation with a range of stakeholders, and the findings were intended to inform a formal consultation on how contractual arrangements should be developed or reformed. It took into account consumer choice concerns and principles of better regulation.

The white paper has responded to many of the recommendations in the review.

Galbraith on...

- **PCTs:** the key primary care trust (PCT) role should be to assess needs and stimulate provision by being more proactive, encouraging pharmacies to start thinking about their considerable potential.
- **Standards:** consistent accreditation arrangements for advanced and local enhanced services and the development of common standards for accreditation and training are advisable.
- **Contractual arrangements**: future contractual arrangements should be founded on the services to be provided and their quality, not on simple market entry. There should be a single contractual framework grounded on a more evidence-based assessment of pharmaceutical health needs. This would set out the requirements for all potential providers to meet but should be sufficiently flexible to allow PCTs to contract for a minimum service.
- **The options:** nationalised contracting arrangements or simple deregulation would not meet these principles. Two possibilities are: devolving contracting responsibilities wholly to PCTs with certain minimum requirements kept at national level, or introducing the concept of "any willing provider" for the provision of essential services with more contestability for local enhanced clinical services.
- **Control of entry:** with this in place, the report says "control of entry will fall away".
- **Terminating contracts:** PCTs should be able to terminate contractual rights for under-performing or poorly performing providers.
- **The future:** standing still is not an option. **ZS**

Does control of entry review go far enough?
zsmeaton@cmpmedica.com

White paper COMMENT

Mahesh Shah
chief executive, Nucare

I'm pleased that the white paper acknowledges significant drawbacks with the 100-hour exemption rule. However, I do not agree that there is no overall adverse impact on the network.

There is a finite amount of business, so any new opening has a financial impact on existing pharmacies, which either cut back on services or investment. The typical response from contractors is to either increase revenues by raising prices, cutting costs or reducing staffing levels.

I am in favour of PCTs having a greater say in pharmacy contracts, but this must be based on an assessment of local pharmaceutical services. Existing contractors should have the chance (and funding) to address deficiencies before 100-hour contracts are considered.

As for the white paper's recommendation to reduce clustering of 100-hour pharmacies, I do not agree with the proposed distance of 1.6km/2km; 8km (a 10 to 15 minute drive) is more reasonable. This will help such pharmacies to be more sustainable.

These pharmacies should only be allowed if they commit to: providing all local and nationally commissioned enhanced services; a minimum number of out-of-hour services; emergency out-of-hours services, and stocking certain drugs for emergency care.

Read Mahesh's full comment at chemistanddruggist.co.uk/news

News in brief

Cut Carbon Challenge 08

C+D is again running its Cut Carbon Challenge month, starting in May. But we need your help to find out how green pharmacy is. Play your part and complete our online survey at www.chemistanddruggist.co.uk

NCSO endorsement

The DH and the National Assembly for Wales have agreed to allow NCSO endorsements for demeclocycline 150mg capsules for April 2008 prescriptions.

Correction

C+D Data apologises for inadvertently showing the three products under the Sandersons brand as deleted. These products have not been withdrawn from the market and have been reinstated in the C+D database. We apologise for any inconvenience caused.

Assura to hit 40

The Assura Group has outlined plans to boost its pharmacy portfolio to 40 sites by March 2009. The investment firm, which currently runs 28 pharmacies from all-in-one healthcare centres, made the announcement as part of its pre-closing trading statement last week. www.chemistanddruggist.co.uk

UniChem branches out

UniChem has bought Central Homecare, which provides home healthcare services for patients managing complex drug therapies. UniChem MD Terry Scicluna said its involvement in the sector could help ensure pharmacy remains at the forefront of primary healthcare.

AlbaPharm evolving

AlbaPharm is looking to evolve from being a buying group into a support group for contractors, helping members deliver services and run their businesses. Chief executive David Currie said training initiatives and a new website were being developed.

Help for independents

A service will be launched to all independent contractors this month, enabling patients to order repeat prescriptions online before delivery. www.myrepeats.com

Jury is still out on Clarke Inquiry verdict

Local pharmacists key to future success of pharmacy professional body

Zoe Smeaton

The RPSGB needs to boost its appeal with grassroots pharmacists if it is to survive in the future as a pharmacy professional body, contractors have warned.

The independent Clarke Inquiry, published last week, recommended the Society become the building block of a new professional body from 2010. But the organisation will rely on voluntary membership for survival.

Chris Martin, chairman of the UniChem customer forums, said the Clarke Inquiry had been a "great idea". But he warned the Society needed to maintain that engagement with local pharmacists moving forwards.

Others warned that to attract members, the professional body would need to demonstrate its value. Cambrian Alliance buying group chairman Mark Griffiths said: "The jury is out and we'll wait and see what they have to offer us."

A key factor for many pharmacists could be how well the body caters to local needs. The inquiry recommended the body should have national boards for England, Scotland and Wales with "enhanced autonomy".

George Romanes, a contractor with pharmacies in both Scotland and England told C+D: "[The professional body] will need to be a lot more attractive than the Society is currently."

RPSGB chief executive Jeremy Holmes said overall he was "very encouraged" by the Clarke Inquiry.

However, he hit back at the finding that there "was nothing sacred" about the RPSGB's headquarters in Lambeth. "It's a very important physical asset. There have to be some very strong reasons for us to move," he said.

Was Clarke on the spot or a cop out?
haveyoursay@cmpmedica.com

Rising frustration at IT delays

Pharmacists are keen to engage with IT developments, but are frustrated by the slow progress of major projects, UniChem has found.

The group's latest round of customer forums focused on IT issues, such as the electronic prescription service (EPS). They looked into how pharmacists can use IT to improve their businesses and engage with the new service opportunities of the contract.

Customer forum chairman Chris Martin said the group hoped to help pharmacists make the most of IT advances, but he warned: "There is still some frustration in terms of the time this is taking to come to fruition."

UniChem said it will launch guidance on EPS, and is working with Connecting for Health, the agency charged with modernising NHS IT, to address frustrations.

A Connecting for Health spokesperson said delivering EPS was a major undertaking, and that due to multiple priorities, EPS was not at the top of the list for some system suppliers. **ZS**

Category M remains top concern

Category M is still causing problems for pharmacists, according to a UniChem event where members and industry leaders talked about the challenges facing pharmacists today.

UniChem's Chris Martin, chairman of the customer forums, told C+D one concern had been the inconsistency associated with the clawbacks, as some pharmacists had seen their profits drop dramatically while others had not been hit as badly.

He said it was vital that PSNC listened and understood what was going on for contractors, and that they negotiate to try to minimise "the wild fluctuations" in reimbursements.

Meanwhile, Bharat Shah, managing director at Sigma Pharmaceuticals, has urged all independent contractors to share their category M concerns with a government review on the system. Email your concerns to haveyoursay@cmpmedica.com

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[1] Bio'sat Market Research 2005 [2] Marketing Sciences Consumer Research 2006

News in brief

Clinical skills training

Pharmacist prescribers in Scotland are set to benefit from clinical skills training. NHS Education for Scotland has appointed pharmacist Fiona Stewart on a six-month secondment to develop a course, for which 50 places will be funded this spring.

eAMS resource released

The resource pack for Scotland's electronic acute medication service (eAMS) is available on the NHS Education for Scotland website. Hard copies will be posted to pharmacies next month and should be completed by June 30 to qualify for the associated contract preparation payment. www.nes.scot.nhs.uk/pharmacy/newcontract

UniChem student scheme

UniChem's customer forums have joined forces with the British Pharmaceutical Students Association to launch a scheme to facilitate summer placements in independent pharmacies. Interested independent UniChem customers should call 0208 974 4045 or email communications@unichem.co.uk by April 22.

PSNI script charge call

The Pharmaceutical Society of Northern Ireland has welcomed the freezing of prescription charges in the country, but called on health minister Michael McGimpsey to end the fees completely.

NHS overhaul in Wales to aid commissioning

Proposed reduction in local health boards should simplify commissioning

Zoe Smeaton

Pharmacists in Wales could find lobbying easier and see more services commissioned nationally if proposals from the Welsh Assembly Government go ahead.

The government has launched a consultation on the NHS in Wales, which proposes reducing the number of local health boards in the country from 22 to eight.

This could make negotiations for pharmacy easier. Mark Griffiths, chairman of Cambrian Alliance, told C+D: "It will be far easier to get national services commissioned when we only have eight people to deal with, not 22, so we should get some more national enhanced services."

Raj Aggarwal, of Central Pharmacy in Cardiff, agreed that the proposals could bring more consistency to pharmacy services across Wales, and added that the change was long overdue.

The proposals also included abolishing the internal market in Wales, by providing funding from ministers or a national board directly to NHS trusts and local health boards, and transferring management and provision of community services from NHS trusts to local health boards.

The consultation is open until June 25.

Community Pharmacy Wales said there had often been difficulties in dealing with the 22 different commissioners in Wales, and that they would be "looking at the details of the proposals with great interest".

The Building Bridges campaign hit Northern Ireland last week as Kieran McCarthy (right) became the first minister outside of Westminster to visit a pharmacy. The member of legislative assembly for Strangford visited Gabbies Pharmacy in Killyleagh. The meeting proved an eye opener for the Alliance Party minister, according to pharmacist Ian Gabbie (left). "He got a real shock when he realised the kinds of services we can offer. We talked about our specialist smoking cessation service and minor ailments." Mr Gabbie added: "I think Kieran was a bit bowled over by what we do"

We need you! Sign up for a visit from your local minister and help us raise pharmacy's political profile. Email your name and address to mgosney@cmpmedica.com

Why should we lose our identity and be swallowed up in a large UK-wide body?

Read Raymond Anderson's letter at: chemistanddruggist.co.uk/letters

Pharmacist struck off for theft of diazepam

A former York pharmacist has been struck off by the Royal Pharmaceutical Society following a conviction for stealing 168 diazepam tablets.

Carl Dyson, now of Balham, London, told the disciplinary committee he had voluntarily stopped practising after receiving a suspended 12-month jail sentence at York Crown Court.

Striking him off, Judge Mota Singh, chair of the panel, said Mr Dyson had abused his position as a pharmacist.

The panel heard Mr Dyson had stolen the tablets while working as a locum in the Acomb, York branch of Chancellor Court Ltd.

Graham Southall-Edwards, representing Mr Dyson, said: "He had become addicted to diazepam in 1992-93 under pressure of work, in charge of 40 staff, and became trapped by that addiction."

Mr Dyson has 12 months to appeal. **UKL**

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News in brief

Methotrexate SOP

A template standard operating procedure (SOP) for the supply of oral methotrexate has been produced by the National Pharmacy Association. The model SOP incorporates the National Patient Safety Agency guidance relating to community pharmacy.
www.npa.co.uk/members

GP Care acquisition

Assura Pharmacy's initiative with a GP consortium in the West Country, GP Care Pharmacy, has acquired five-strong Somerset chain Skeeles for an undisclosed sum. The joint venture, which has raised prescription directing concerns, now has five operational pharmacies and two additional licences.

Fifty not out

A campaign to raise awareness of the Association of the British Pharmaceutical Industry code, which is now 50 years old, is being launched.
www.abpi.org.uk

Munro buyout triggers wholesale worries

Phoenix picks up mainline wholesale arm from the Munro Group

Jennifer Richardson

Concern for the UK wholesale market has been expressed after the Munro Group sold its mainline wholesale arm to Phoenix.

Changes to the supply chain imposed by manufacturers were blamed for Munro Wholesale's "repositioning" as a short line wholesaler, to operate as Strathclyde Pharmaceuticals.

Munro Group MD, John Cochrane, said: "The fundamentals of the industry were moving against the independent operators and regional wholesalers."

Dispensing Doctors' Association CEO David Baker said the sale was "another nail in the coffin for regional wholesale". Martin Sawer, executive director of the British Association of Pharmaceutical Wholesalers, said it was another

Phoenix has been quick to reassure customers that service will not suffer

example of wholesalers having to adapt to market changes, following the alliance between regional companies Mawdsley's, Norchem and Maltby's.

Someone needed to decide how far such changes to the market could reasonably be allowed to proceed, Mr Sawer added.

PSNC head of information services Lindsay McClure said: "It is essential for pharmacies to have a choice of supplier, as this drives competition, both on price and service quality, which benefits the NHS."

Phoenix assumed control of Munro Wholesale's three depots in Glasgow, Aberdeen and Belfast from April 1. The sale followed Lloydspharmacy's purchase of the Munro Group's 29 pharmacies at the end of last month.

Phoenix CEO Paul Smith said: "The directors of the Munro Group recognise that the trend for direct-to-pharmacy supply will undermine their mainline business... the deal will safeguard jobs and ensure that Munro customers will see no interruption in service."

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Super services to solve commissioning crisis

Directed enhanced services will offer guarantees but maintain local flexibility

White paper in brief

E-access on cards

The government has pledged to investigate pharmacy access to electronic patient records. The white paper said ministers would work with an early adopter PCT to consider the benefits, governance and practical arrangements of access to summary care records. Pharmacists could also be required to electronically record interventions made and advice given to promote healthy lifestyles, under white paper plans.

White paper goes green

Pharmacists are to become part of the fight against climate change as part of the NHS carbon reduction strategy announced in the white paper. The draft strategy provides guidance on reducing pharmacies' carbon footprint and promoting sustainable communities, in order to further improve health and reduce health inequalities.

Dispensing doctors' fury

Dispensing doctors have attacked the pharmacy white paper for sounding the death-knell for dispensing GPs by creating competition rather than co-operation between the professions. The white paper proposes to consult on the tightening up the 'control of entry' criteria. Dr David Baker, chief executive of the Dispensing Doctors' Association, told C+D: "The concerns are that if implemented totally it spells the end of dispensing by doctors virtually throughout the country."

White paper analysis

Read the views of David Reissner from Charles Russell Solicitors, Noel Baumber from the Independent Pharmacy Federation and Felicity Cox from NHS Employers at www.chemistanddruggist.co.uk/news

Max Gosney

The government is to launch a beefed up version of enhanced services to force lacklustre PCTs to commission more clinical care from pharmacies.

PCTs will have to commission services identified by the secretary of state under directed enhanced services (DES), the white paper revealed.

DES will be used where there is local need for a service or demand across the UK. Services will be agreed between Westminster, PSNC and NHS employers, the document stressed.

Fees for providing DES are subject to consultation this summer. Options include payment by performance, national levies or fees set locally.

PCTs have been widely criticised for limited commissioning of enhanced services since the contract was introduced in 2005.

Last summer's all-party pharmacy group report called for fledgling pharmacy services to get national funding.

However, the white paper ruled in favour of DES. The system will ensure that PCTs maintain flexibility to plan local health while guaranteeing more commissioning to pharmacies, the white paper said.

Alastair Buxton, head of NHS services at PSNC, described DES as a "half-way house" between advanced and enhanced services.

DES was a positive step, he said. However, it remained to be seen how readily health secretary Alan Johnson will employ the system.

Chlamydia testing and minor ailments are tipped to be the first pharmacy services commissioned under DES.

Plans to win over PCTs

The commissioning of services from PCTs should start to swing more in pharmacy's favour, if promises made in the white paper are kept. But the moves are long overdue, and pharmacists as well as PCTs must shoulder some of the work, experts have warned.

The government said it would identify how to work with PCTs to develop their commissioning capabilities, and it called on practice-based commissioners to involve community pharmacists in the process.

A key issue for pharmacists has been the lack of consistency in commissioning, and the government said pharmaceutical needs assessments should be strengthened to ensure their effectiveness as commissioning tools. A working group will devise a support programme to help PCTs do this.

Another difficulty has been the absence of good working relationships between pharmacists and GPs. The white paper promised a working group with pharmacy, medical and public members would plan actions to promote effective professional relationships. **ZS**

Timeline

- **Spring 2008 – PCTs to be issued with first DES**
- Support for PCTs to develop commissioning capabilities by April 2009
- **Set up working group to plan actions to promote effective professional relationships starting spring 2008**
- Working group to review pharmaceutical needs assessments by autumn 2008

"How can health service managers judge that investing in pharmacy represents value for money?"

Read Rob Darracott's comment at: chemistanddruggist.co.uk/news

White paper COMMENT

Mark Collins
Pharmacist, Barkerhouse Pharmacy, Nelson

My pharmacy is well placed in the heart of my community, and my aim is to become the first port of call for all healthcare advice.

Looking at the vision set out in the white paper, dispensing will cease to be the bulk of my activity as a pharmacist, but the supply of medicines will continue to be the key to my pharmacy's future role. As a pharmacist I will have greater roles in health promotion, disease prevention, managing long-term conditions and addressing public health issues.

Best of all, the white paper recognises this. Integration into the primary healthcare team will, however, be vital. Will my pharmacy and I be up to the challenge...? (continued online)

Read Mark Collins' full comment at www.chemistanddruggist.co.uk/news

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DH commits to minor ailments

Service to be provided in every PCT, ministers say

Jennifer Richardson

The government expects community pharmacy to deliver a minor ailments scheme (MAS) in every PCT area, it has said.

Twenty-four per cent of PCTs in England already commission pharmacists to provide this service. But with the publication of the pharmacy white paper, the Department of Health (DH) committed to incorporating it into the pharmacy contract.

This would allow people across England to obtain medicines for ailments such as headaches, colds, and allergies on the NHS without having to make appointments with their GPs, saving the DH up to £3.5 billion over 10 years.

Health minister Ben Bradshaw said: "This is a shift from a fairly voluntary approach when it comes to the commissioning of PCTs to saying actually, you have got to contract this service from pharmacy."

This is most likely to be achieved through directed enhanced services, in which the health secretary would issue PCTs with directions that make it a legal requirement for them to commission minor ailments services from pharmacy.

Spoonful of sugar: pharmacy MAS could save the DH £3.5bn in 10 years

How pharmacists would be remunerated for the schemes was a subject for further discussion, Department representatives said.

The government could not force people to use pharmacy as a first port of call for minor ailments, Mr Bradshaw added.

However, DH head of pharmacy Jeanette Howe said 50 per cent of the 57 million GP minor ailment consultations a year were expected to be transferred to pharmacy within three years.

Is the white paper good for you?
haveyoursay@cmpmedica.com

White paper COMMENT

Alastair Buxton
Head of NHS services, PSNC

The white paper marks the start of a new era for community pharmacy in which services become the key focus. The opportunities are significant, but there will also be challenges to overcome on the way to this new model of pharmacy practice.

The majority of the proposals reflect our existing service development priorities we have been working on, and lobbying for, over the past two years.

We have long argued for the development of a national minor ailments programme, so we are delighted the government wants to discuss the incorporation of a minor ailments service into the pharmacy contract; the effective implementation of such a service could radically alter consumers' self-care behaviour and the way they view community pharmacy.

The proposal to focus the MUR service around the needs of PCTs' priorities is a sensible approach that will allow the service to be more effectively integrated into care pathways. A service to support people newly prescribed treatments for long-term conditions will improve adherence, ensure clinical effectiveness and is an eminently sensible extension to the services currently provided.

NHS employers, as the representatives of PCTs, will take the lead on many aspects of the discussions with PSNC. We look forward to furthering those discussions to refresh and update the contract to meet the proposals in the white paper.

Industry reaction

"The white paper includes many innovative proposals... This is a really positive white paper for community pharmacy."
Sue Sharpe, CEO, PSNC

"Confidence in community pharmacy has been shaken by recent issues such as changes to reimbursement and the failure of many PCTs to commission or maintain new pharmacy services. The proposals in the white paper... should help to restore confidence."
Dr Howard Stoate MP, chair, All-Party Pharmacy Group

"We will need to see joined up thinking between policy and funding from government if the aspirations expressed in the white paper are to be realised."
Justin Ash, managing director, Lloydspharmacy

"We have waited a long time for the white paper, and it is encouraging to see that the Department of Health has reflected positively on the contribution that pharmacy can make to the local health economy."
John Nuttall, managing director, The Co-operative Pharmacy

Pledge to increase cancer role

The government has pledged an increased role for community pharmacists in both the detection and treatment of cancer.

The white paper committed the Department of Health to supporting the increased referral of people with cancer-indicative symptoms from pharmacies.

Cancer charities welcomed this policy. Mike Unger, CEO of the Roy Castle Lung Cancer Foundation, which has worked closely with the profession on Lung Cancer Awareness Month, said: "I absolutely think pharmacists should be the front line. They should be much more helped by the DH in helping the awareness problem."

But charities urged more caution on additional proposals to allow the supply of oral chemotherapy. Cancer Research UK policy manager Hilary Jackson said: "Enabling repeat prescriptions to be delivered in the local community could benefit many cancer patients. But such a move must be very closely monitored and audited." **JR**

Timeline

Proposals for pharmacy minor ailments and cancer referral schemes are scheduled for spring 2009

I believe we are ready for another advanced service beyond MURs

Read Mimi Lau's comment at:
chemistanddruggist.co.uk/news

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Get more white paper analysis at: www.chemistanddruggist.co.uk/news

Publicity campaign to sell pharmacy services

Advertising campaign to tackle limited understanding of the profession

White paper COMMENT

David Thorp
Director of research and information at The Chartered Institute of Marketing

With GPs facing longer working hours in order to meet demand, the government's campaign to raise awareness of pharmacies seems a long-overdue idea. Many in the UK book appointments with their doctor without understanding that often, pharmacies have the expertise to make a surgery visit unnecessary.

The challenges will be to demonstrate to the public that pharmacies can be used more for urgent advice and for services such as screening and regular monitoring of long-term illnesses. It might be valuable to find a champion for the campaign who is recognised to be healthy and trustworthy – a sportsperson like Colin Jackson or Sharron Davies for instance.

And a sensible promotional marketing campaign, in say hospital corridors and GP surgeries, could indicate the many benefits of visiting their local pharmacies. This emphasises that with pharmacies you don't have to make an appointment, you get advice fast and efficiently, and you can visit at times that suit you.

Promoting pharmacies in a responsible way, via social marketing, could make a huge difference to overloaded services at GPs and hospitals – and prove that pharmacies deliver effective, high-quality and value-for-money services.

Max Gosney

Westminster has pledged a national PR campaign to support its plans to transform pharmacies into "healthy living centres".

The communications campaign will promote the power of pharmacy to treat long-term conditions, last week's white paper revealed.

Ministers will also look to champion the profession's clinical knowledge in a bid to tackle poor public understanding of the sector.

The government said it would work to identify target audiences for the campaign. Research had been commissioned to find out the best way of reaching these people, the white paper said.

The document offered no details on how much the campaign would cost and how it would be funded.

Industry leaders called on Westminster to pay for the programme. Jeremy Holmes, chief executive at the Royal Pharmaceutical Society, told C+D: "The government ought to put up funding for this... the government has set out its policy. It has a role to signal this policy to patients. The job doesn't stop with the white paper."

A national communications programme "would not come cheap", warned the National Pharmacy Association, which runs the Ask Your Pharmacist publicity campaign.

The organisation called on Westminster to work with the community pharmacy network to deliver the campaign. A spokesman said: "They've got over 10,000 strong advocates among contractors. It's absolutely key to engage with the profession."

Jeremy Holmes: Westminster must stump up the cash

Is the white paper good for you?
haveyoursay@cmpmedica.com

Timeline

Government to map target audience for campaign by autumn this year

MEDIA Watch

C+D takes an off-the-wall look at how the national media portrayed pharmacy in its coverage of the white paper

Don't use the C word

We haven't gone by the name of chemists since about 1925. But, you wouldn't have known after reading the newspapers this week.

The Guardian and **The Times** both used the phrase and conjured up the days of compounding chemical A with B beneath a poster advertising Pears soaps.

Not to be outdone, **The Daily Telegraph** referred to pharmacists as "Super Chemists".

Maybe the government's PR campaign should begin with a briefing on terminology.

New money for old rope?

The Daily Telegraph reported criticism from the Tories that the document was merely a rehash of the 2005 contract.

PCTs and GP representatives also appeared stuck in the same loop. Both greeted the white paper with the usual familiar moans about a lack of money and extra work, according to **BBC news online**.

What they really think of you

A white paper discussion forum at www.telegraph.co.uk gave a real eye opener on the public image of pharmacy.

One posting will have raised a few rueful smiles. It remarked: "I don't trust GPs, so yes I would trust pharmacists."

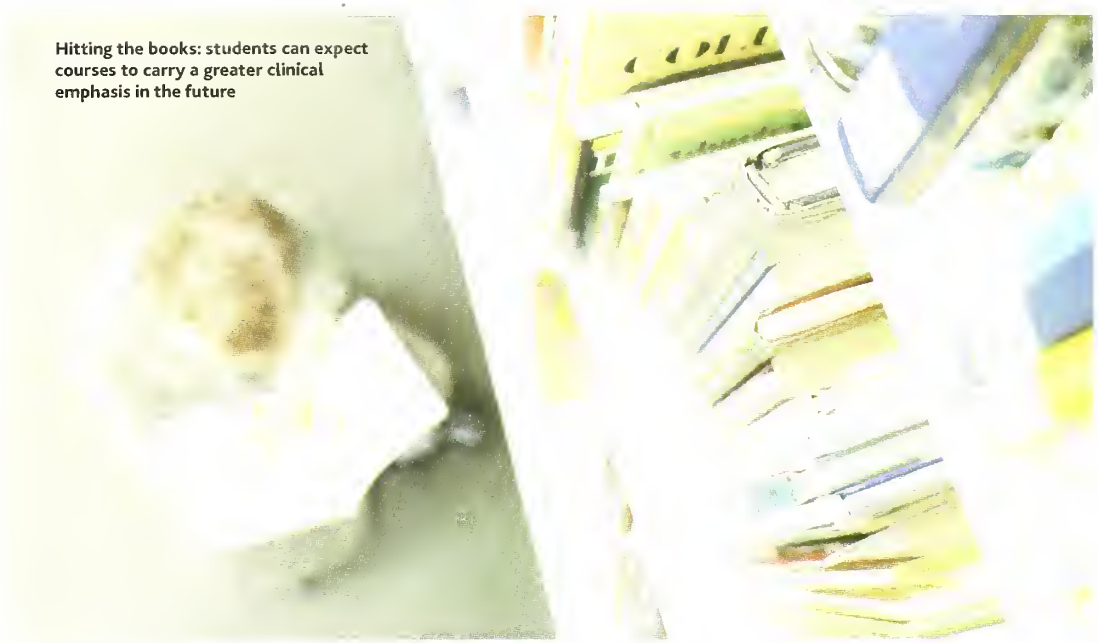
The comedy continued, as a fan of US TV show Desperate Housewives claimed they had little faith in the profession after one of the show's characters married a murderous pharmacist.

But smiles will have turned to frowns after a posting warned the government: "Don't send a boy to do a man's job."

Students to get extra clinical classes

Reduction in scientific content in pharmacy education shake-up

Rob Finch



Hitting the books: students can expect courses to carry a greater clinical emphasis in the future

Pharmacy education is set for a shake-up with plans in the white paper to reduce scientific content and include the pre-registration training year in university degree courses.

The plans aim to add more clinical content to the courses, according to the government. The white paper said there was "limited opportunity for undergraduate pharmacy students to develop through their education a professional, patient-focused, clinical approach to practice".

Westminster said it would work with the industry to deliver more "meaningful clinical context" to the undergraduate syllabus. A working party will investigate whether combining degree courses and the pre-reg year will achieve this goal.

The steering group, which will include schools of pharmacy, Universities UK and the Higher Education Funding Council for England, will also draw up a funding framework for the changes.

Barry Shooter, senior clinical teacher at University of London School of Pharmacy, lent his support to the white paper plans but rejected claims that the current courses are overly scientific.

He said: "The trouble is that when dealing with science one always has to know the basic principles before moving forward. It's essential that undergraduates are taught these principles."

Mr Shooter suggested real-life experience would enhance the education of student pharmacists.

He said: "Certainly when pharmacists come out of college they need to have the confidence to do the sort of tasks the white paper wants pharmacists to do." Mr Shooter added: "I think there is a problem that pharmacists don't have enough confidence and possibly by changing the curriculum to some extent we will be able to give them that."

Timeline

Pilots of the updated course to be in place by October 2010.

Chiefs lead reforms

Ministers will appoint two clinical leaders to help England's chief pharmaceutical officer to champion the reforms in the white paper.

Keith Ridge: will be aided by two new staff

The senior advisory roles will be aimed at designing and rolling out strategies to promote better patient outcomes and experience in hospital and in community pharmacy. The posts will report into chief pharmaceutical officer for England, Keith Ridge.

The successful candidates will be charged with leading the actions identified in the white paper. The government aims to appoint the two clinical leaders by the end of this year.

Alastair Buxton, head of NHS services for PSNC, said ministers would want somebody with "clinical and practical experience, with good contacts and a degree of respect from the profession". RF

Hospital and community pharmacy to unite

Community pharmacy needs the expertise of hospital pharmacists to support the transfer of care closer to home, the white paper has recommended.

The government urged the creation of 'health community clinical pharmacy teams' to oversee medicines usage and effectiveness.

The teaming up of the hospital and community sectors would ensure the best treatment of patients with long-term conditions, the white paper stated. The 'virtual teams' could cut hospital admissions related to medicine problems, it said.

The two appointed clinical leaders for hospital and community pharmacy will be charged with working out how the proposals are introduced by PCTs. The duo will also advise on appropriate commissioning arrangements.

Helen Williams, a specialist cardiac pharmacist at King's College Hospital in south London, who also works for PCTs on initiatives around cardiovascular screening and blood pressure monitoring, backed the proposals.

She told C+D: "I think the clinical training you get within a hospital setting is more in-depth. This brings that specialist knowledge into community pharmacy.

"This move towards a primary care-led NHS can only be done if the clinicians are prepared to provide primary care with their secondary care expertise." RF

Xrayser

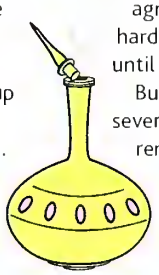
Beware, the genie is out of the bottle

The dam appears to have suddenly burst and all pharmacy's wishes may be granted at once. But are we ready?

Just as we were about to give up hope, the genie that is the white paper is suddenly out of the bottle (C+D, April 5, p4). Simultaneously, we're promised a role in a national vascular disease screening programme. And the Clarke inquiry recommends that we get the type of pharmacy society that we've always deserved.

We will get a national minor ailments scheme, become healthy living centres, provide support for people with long-term conditions, be able to screen for vascular disease and STDs, and play a bigger role in vaccination. Our representative bodies have been asking for all these things for years, and well done to them for their dogged persistence. But it appears that the government has had to commission its own survey before it could finally believe in us.

If a significant part of the white paper, and the accompanying Galbraith review, come to fruition this could be the biggest shakeup (or shakedown) the profession has seen. But if C+D's recent salary survey is to be believed, quite a few of us aren't really in the mood. Employees and locums are so fed up it sounds like they can barely get out of bed in the morning, never mind enjoy playing an important part in our exciting professional revolution.



These pharmacists are unlikely to get really excited until money is mentioned. We don't need such a big incentive to get out of bed as the supermodels, but we'll be having a lie in till some pound notes are dangled in front of us.

Funding worries will only add to the uncertainty felt by contractors when they read Ms Galbraith's proposal that control of entry should simply 'fall away' as either PCTs are given complete control over pharmacy contracts, or a free for all is allowed to develop where anyone can deliver pharmaceutical services.

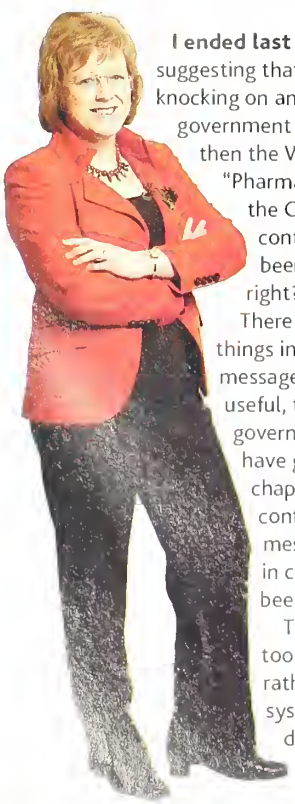
I know that the wheels of government turn slowly and I hope that they do in this case, because I'm not ready for all this change just yet. When PSNC's Sue Sharpe was interviewed on Radio 4 last week the obvious point was raised: "If pharmacists can take on all this extra work, it must mean that they spend a lot of time standing around doing nothing." I agree with Ms Sharpe's reply that we could work smarter rather than harder, but I fear there's a limit to my smartness and I'm very close to it until I'm given some more cash.

But spring is in the air and, while my smartness and finances may be severely tested, my resolve to make the best of this great opportunity remains firm. I'm always cynical but I'm not quitting just yet.

Join the white paper debate at
www.chemistanddruggist.co.uk/news

Pharmacist in the House — Sandra Gidley

Go back to your pharmacy and prepare for a brighter future



I ended last month's column by suggesting that pharmacy was knocking on an open door as far as government was concerned. Since then the White Paper, "Pharmacy in England" and the Galbraith review of control of entry have been published. Was I right?

There are a lot of good things in the white paper. The message that pharmacists are an underutilised, but useful, tool in delivering much of the government's health agenda finally appears to have got through. I was delighted to see a whole chapter devoted to pharmacy's potential contribution to improved public health and the message about greater pharmacy involvement in commissioning also appears to finally have been heard.

There were some unexpected little bonuses too such as a commitment to review the rather farcical rules on dispensing doctors. The system whereby patients have their medicines dispensed in a surgery and then walk 50 yards to a struggling pharmacy to purchase their cough medicine and analgesics has been allowed to continue for far too long.

> "I went canvassing with a spring in my step but by my return reality had struck home"

The paper was also crammed full of examples of practical services which have been provided around the country. I finished it feeling that it was a job well done and the future looked bright.

I went canvassing (the evening job) with a spring in my step but by my return reality had struck home. It's all very well, I pondered, but what about the implementation? We've had all the promises before. How much of the last pharmacy white paper was actually delivered? I thought of the health papers I have seen come and go over my eight years in Westminster and how little has been delivered on some of them.

But, maybe, things really are getting better (I'm ignoring cat M for the purposes of this article) because tucked away at the back of the paper is an "Action Plan". Some of the actions involve setting up yet another working group or consultation but the direction of travel is there. I would also suggest that real commitment is shown by the appointment of two new clinical leads to make this happen.

The paper also comments on a need for improved relationships with other health professionals. We can't rely on two clinical leads though. The full potential of the white paper will only be delivered if pharmacists fully engage. So, go back to your pharmacy and prepare for a brighter, more clinical future.

Sandra Gidley, Lib Dem MP and shadow health spokesperson

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Enter our competition and you could win John Lewis vouchers worth £150

BackOsamine contains a combination of glucosamine, chondroitin and which other ingredients?

❑ Bromelain & Turmeric ❑ Evening Primrose Oil & GLA ❑ Vitamin D & Rose-hip

GlucOsmax Original contains 2000mg of glucosamine sulphate 2KCl which provides how much glucosamine sulphate when absorbed by the body?

❑ 500mg ❑ 750mg ❑ 1500mg

Glucosamine Gel contains a soothing combination of glucosamine and which other ingredients?

❑ Chondroitin & Aloe Vera ❑ Menthol & Horse Chestnut Extract ❑ Devils Claw

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HOW TO SELL MORE...

Veterinary meds

If you're thinking of selling veterinary medicines, or you just want to sell more, offers some advice

It's well known that the UK is a nation of pet lovers – nearly half of households own a pet. This means that around 500,000 visits to pharmacies are made by pet-owners every day. The UK market for companion animals (household pets) is valued at over £180 million, so this offers a significant potential source of new income. And it shouldn't be dismissed as something for rural pharmacies only – some of the UK's largest pharmacy multiples (Lloydspharmacy and Co-operative) are trialling or have already rolled out veterinary medicines to some of their stores. The Co-operative Pharmacy intends to roll out the offering to all of its 700 stores.

The most important part of stocking a new line is to do your research first. Ask yourself:

- How many pet owners are there nearby?
- Are there large numbers of other animals such as horses nearby?
- Where can owners currently buy animal medicines in the locality? Look in supermarkets, pet shops, local vets, garden centres, specialised animal feed and supplies stores.
- What do these outlets stock? Is it AVM-GSL only or are they stocking NFA-VPS medicines too? Once you know the local market, you can decide if there is an opportunity out there.

Now you need to devise a plan. Consider where you'll stock the products. You'll need space behind the counter if you plan to stock NFA-VPS medicines like Frontline Spot On, as they should not be available for self-selection. If space is tight, you could shift some discontinued lines via special offers.

Now for training – for the pharmacists who work in your store (don't forget locums) and the staff who serve on the counter.

Pharmacists

Read the C+D Pharmacy Update CPD articles (www.chemistanddruggist.co.uk/vetmeds). Order the NPA's Animal Medicines Resource Pack. Find out about the courses available from the RPSGB's Veterinary Pharmacy Education Programme. Depending on the products you intend to sell, a certificate may be sufficient rather than the diploma. Read the article in the NPA's July 2007 InTouch for details of risk management. Record what you learn as CPD.

Counter staff

Read the latest (March 2008) Pet Health feature from OTC magazine – part of the Counterpart Plus training series (www.chemistanddruggist.co.uk/stafftraining). Download the NPA prospectus for details of training (www.npa.co.uk/members). Manufacturers have training materials available.

Pharmacies aren't traditionally thought of when it comes to veterinary medicines, so you will have to promote your new stock. It needn't cost much and the first port of call should be the product manufacturers. They can offer you point of sale material, leaflets, dummy packs for NFA-VPS products, planograms and more.

Talk to local pet shops that don't sell NFA-VPS products and see if they will let you put up a flyer on their noticeboard. Most pet shops have a board advertising pets for sale. Or they could give out leaflets for you.

While you're printing the leaflets, order enough to put one into each prescription bag for a couple of months. Remember, every day 500,000 customers who own pets go into UK pharmacies. Why not ask your local GP and dental practices if they will put leaflets or posters up in their waiting rooms?

Think about where else you could promote the new products – supermarket noticeboards or the local business cardholders, ads in the local paper, posters at pet shops, pet charity shops, leaflets for pet rescue centres to give to new pet owners, local pet owners' groups, posters displayed where people walk their dogs, posters in your own windows! Why not organise a launch event and invite the local press? Hire an animal costume for one of the staff (or a friend, student, family member) to wear – it'll make a good photo for the local newspaper.

Use national awareness weeks to raise the profile of the service, by using the promotional materials available. National Pet Month runs from April 5 to May 5 and posters and guidance on how to run an event are available from the website. If you don't want to run your own fundraising event, why not partner or support someone else's? Get the pharmacy name in front of pet owners.

C+D Clinical

How to stay fighting fit

This article covers some common sports injuries, with advice on treatment and prevention

Key points

- Injuries usually result from accidents or over-exercising.
- Assess the cause, circumstances and extent of sports injuries before initiating treatment.
- Recovery is often helped by mobilisation 48 hours after injury, as long as patients move only within the constraints of their pain and increase their range of movement gradually.
- If a rapid return to activity is needed, consider using oral NSAIDs for inflammation, and analgesia.
- Prevention is always better than cure.

Jill Peaston MRPharmS

It is well established that exercise combats obesity and improves health, reducing the risk of a variety of diseases including heart disease and stroke. Exercise also gives a sense of wellbeing, the benefits of which range from improved self-esteem to reduced depression symptoms. As sports injuries are common, it is useful to know how to treat and prevent them.

Injuries usually result from accidents or overuse. Overuse injuries can be suspected if someone pursues an activity for 12 or more hours a week, or with increasing age.

When deciding how to manage an injury, identify when and how the damage occurred, how the symptoms started and developed, whether the patient has suffered similar injuries before (and the outcome), and any other conditions or medication, such as anticoagulant treatment.

Most injuries present with swelling and

The College of Pharmacy Practice

This course (module 1435), in association with multiple choice questions being published in C+D May 3, provides one hour's continuing education

Aim

How would you tell a fracture from a severe sprain? For how long should a sprain be rested? What would you recommend for jogger's nipple?

Why

This article explains how to deal with minor sports injuries and when to refer them.

CPD This article can help in the following CPD competencies: **G1a, G1c, C1f, C2a, C2c.** See www.tinyurl.com/264zu

Photo: Morguefile

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- to improve glycaemic control in combination with a sulphonylurea when diet and exercise plus maximal tolerated dose of a sulphonylurea alone do not provide adequate glycaemic control and when metformin is inappropriate due to contra-indication or intolerance
- to improve glycaemic control in combination with a sulphonylurea and metformin when diet and exercise plus dual therapy with these agents do not provide adequate glycaemic control.

For patients with type 2 diabetes mellitus in whom use of a PPARγ agonist (i.e. a thiazolidinedione) is appropriate:
- in combination with the PPARγ agonist when diet and exercise plus the PPARγ agonist alone, do not provide adequate glycaemic control.

DOSAGE AND ADMINISTRATION One 100 mg tablet once daily, with or without food. Maintain the dosage of metformin or PPARγ agonist, and administer sitagliptin concomitantly. When used in combination with a sulphonylurea, consider a lower dose of sulphonylurea to reduce risk of hypoglycaemia. If a dose of 'Januvia' is missed, take as soon as the patient remembers. Do not take a double dose on the same day. *Patients with renal insufficiency:* no dosage adjustment required for mild renal insufficiency (creatinine clearance [CrCl] ≥50 ml/min). Not recommended in patients with moderate or severe renal insufficiency. *Patients with hepatic insufficiency:* no dosage adjustment necessary for patients with mild to moderate hepatic insufficiency. 'Januvia' has not been studied in patients with severe hepatic insufficiency. *Elderly:* no dosage adjustment necessary. Exercise care in patients ≥ 75 years of age as there are limited safety data in this group. *Children:* not recommended in children below 18 years of age.

CONTRA-INDICATIONS Hypersensitivity to active substance or excipients.

PRECAUTIONS ***General:*** do not use in patients with type 1 diabetes or for diabetic ketoacidosis. ***Hypoglycaemia when used with other anti-hyperglycaemic agents:*** in trials of sitagliptin as monotherapy, or as part of combination therapy with agents not known to cause hypoglycaemia (i.e. metformin or pioglitazone), rates of hypoglycaemia reported with sitagliptin were similar to rates in patients taking placebo. When sitagliptan was added to a sulphonylurea, the incidence of hypoglycaemia was increased over that of placebo therefore consider a lower dose of sulphonylurea to reduce the risk of hypoglycaemia.
Drug interactions Effects of other medicinal products on sitagliptin: Low risk of clinically meaningful interactions with metformin and ciclosporin. Meaningful interactions would not be expected with other p-glycoprotein inhibitors. The primary enzyme responsible for the limited metabolism of sitagliptin is CYP3A4, with contribution from CYP2C8. ***Effects of sitagliptin on other medicinal products:*** *Digoxin:* sitagliptin had a small effect on plasma digoxin concentrations, and may be a mild inhibitor of p-glycoprotein *in vivo*. No dosage adjustment of digoxin is recommended, but monitor patients at risk of digoxin toxicity if the two are used together. Pregnancy and lactation: Do not use during pregnancy or breast-feeding.

SIDE EFFECTS Refer to SPC for complete information on side effects
In clinical trials in over 2,700 patients, the rate of discontinuation due to adverse experiences considered drug-related was 0.8 % with 100 mg per day and 1.5 % with other treatments. No adverse reactions considered as drug-related were reported in patients treated with sitagliptin occurring in excess (>0.2 % and difference >1 patient) of that in patients treated with control. ***Combination with metformin:*** *Common (≥1/100, <1/10):* nausea; *Uncommon (≥1/1,000, <1/100):* somnolence; upper abdominal pain, diarrhoea; blood glucose decreased, anorexia, weight decreased. ***Combination with a sulphonylurea:*** *Very common (≥1/10):* hypoglycaemia. ***Combination with metformin and a sulphonylurea:*** *Very common (≥1/10):* hypoglycaemia; *Common (≥1/100, <1/10):* constipation. ***Combination with a PPARγ agent (pioglitazone):*** *Common (≥1/100, <1/10):* hypoglycaemia, flatulence, peripheral oedema.
In addition, in studies of sitagliptin 100 mg alone compared to placebo, adverse reactions considered as drug-related reported in patients treated with sitagliptin in excess (>0.2 % and difference >1 patient) of that in patients receiving placebo are headache, hypoglycaemia, constipation, and dizziness. Also, adverse experiences reported regardless of causal relationship to medication and more commonly in patients treated with 'Januvia' included upper respiratory tract infection, nasopharyngitis, osteoarthritis and pain in extremity. During post-marketing experience additional side effects have been reported (frequency not known): hypersensitivity reactions, including anaphylaxis, angioedema, rash and urticaria.

PACKAGE QUANTITIES AND BASIC NHS COST
28 Tablets: £33.26

Marketing Authorisation Number
EU/1/07/383/014

Marketing Authorisation Holder
Merck Sharp & Dohme Limited
Hertford Road, Hoddesdon, Hertfordshire EN11 9BU, UK

POM **Date of review of prescribing information: January 2008**

References:

1. Hermansen K, Kipnes M, Luo E, et al. Efficacy and safety of the dipeptidyl peptidase-4 inhibitor, sitagliptin, in patients with type 2 diabetes mellitus inadequately controlled on glimepiride alone or on glimepiride and metformin. *Diabetes Obes Metab.* 2007; 9:733–745.
2. Raz I, Chen Y, Wu M, et al. Efficacy and safety of sitagliptin added to ongoing metformin therapy in patients with type 2 diabetes. *Curr Med Res Opin.* 2008;24:537-550.
3. Nauck M, Meininger G, Sheng D, et al. for the 024 Study Group. Efficacy and safety of the dipeptidyl peptidase-4 inhibitor, sitagliptin, compared to the sulfonylurea, glipizide, in patients with type 2 diabetes inadequately controlled on metformin alone: a randomised, double-blind, non-inferiority trial. *Diabetes Obes Metab.* 2007; 9:194–205.
4. Charbonnel B, Karasik A, Liu J, et al for the Sitagliptin Study 020 Group. Efficacy and safety of the dipeptidyl peptidase-4 inhibitor sitagliptin added to ongoing metformin therapy in patients with type 2 diabetes inadequately controlled with metformin alone. *Diabetes Care.* 2006;29:2638–2643.
5. Rosenstock J, Brazg R, Andryuk P, et al for the Sitagliptin Study 019 Group. Efficacy and safety of the dipeptidyl peptidase-4 inhibitor sitagliptin added to ongoing pioglitazone therapy in patients with type 2 diabetes: a 24-week, multicenter, randomised, double-blind, placebo-controlled, parallel-group study. *Clin Ther.* 2006;28:1556–1568.

MSD
Merck Sharp & Dohme Limited
Hertford Road, Hoddesdon, Hertfordshire EN11 9BU, UK
www.januvia.co.uk

03-09 JAN.08.GB.32058.Js

Date of preparation: March 2008

bruising, but the extent depends on the severity of the injury and the time elapsed since it occurred, as bruises take up to 24 hours to develop. Joint instability suggests a sprain, whereas a patient reporting hearing a 'pop' or 'snap' at the time of injury may have a ruptured ligament or fractured bone.

Recovery is helped by early mobilisation. Forty eight hours after an injury, patients should move within the constraints of the pain, and increase their range of movement gradually. Analgesics can help, and are best taken regularly. NSAIDs are equally effective topically or orally for inflammation. There is no good evidence to support the use of rubefacients, homeopathic arnica or oral hydrolytic enzymes in acute soft-tissue injuries. One of the cooling sprays is licensed for the relief of sprains, strains and bruises associated with sports injuries, and stiffness following exercise.

To avoid injury, advise stretching, warming up and cooling down, using the correct sports gear, and not exercising when tired. Pre-season strength and endurance training can help, as this allows gradual strengthening of tendons and muscles.

Sprains

Ligaments hold bones together, and their fibres may be stretched, twisted or torn. If a ligament ruptures, the patient may feel a 'pop'. A damaged ligament causes swelling, inflammation, restricted movement, and bruising and pain around a joint. A severe sprain may present like a fracture.

Use PRICE therapy (below) to treat a sprain, followed by rehabilitation.

PRICE therapy for sprains

1. **PROTECT** the injury using a splint or bandage.
2. **REST** the injury for 48 hours, to avoid pain from movement.
3. **ICE** the injury to reduce pain. Immerse in iced water for up to 10 minutes, or apply an ice-pack for 10 to 30 minutes. Protect the skin from the cold by placing a towel over the skin, and allowing the area to warm up before repeating. Repeat frequently as desired for 72 hours.
4. **COMPRESSION** in the first 48 hours limits movement, and may reduce swelling. Apply compression (eg elasticated bandage), avoiding constricting blood flow and taking care if the patient has poor peripheral blood flow, eg in diabetes or the elderly. Remove the compression overnight.
5. **ELEVATION** to reduce swelling. Raise injured area to a comfortable height (above heart height if practical), especially at night.

After 48 hours' rest, the joint needs to start moving to reduce the formation of scar tissue. Heat sprays can also be used after 48 hours, as by this time the risk of bleeding has passed. Exercise will strengthen the ligament and surrounding muscles, and can prevent injury recurring. The pain can take several weeks to disappear so analgesics may be useful. Taping or strapping joints can help while recovering.

Torn ligaments may require surgery, immobilisation or physiotherapy. It can take eight to 12 months to regain full function. Refer anyone who reports:

- a pop when the injury happened
- an inability to bear weight on the joint
- lumps other than swelling
- an inability to move the joint
- the limb giving way
- pain that is unchanged after four days' self-treatment
- numbness.

Strains

A muscle strain, or 'pull', is a stretching, twisting or tearing of muscle fibres, or of the tendon that attaches the muscle to the bone. Most strains happen because the muscle has either been stretched beyond its limits or forced to contract too strongly. Symptoms include pain, muscle spasm and loss of strength. Complete loss of muscle function suggests complete rupture. This produces a sharp break in the outline of the muscle, with a 'dent' under the skin where the pieces of muscle have come apart.

Muscle strains can cause large haematomas (a localised collection of blood, often clotted) which can be intra- or extramuscular. Intramuscular bleeding causes pain and localised swelling, whereas with extramuscular bleeding, pain is reduced and swelling more diffuse. Treat a strain using PRICE therapy (see box, left).

Tendonitis

Tennis elbow and golfer's elbow are both forms of tendonitis, caused by damage to the tendons attaching the arm muscles to the elbow. Tennis elbow involves the outer edge of the joint, golfer's elbow the inside. These are overuse injuries caused by tiny tears in the tendons and muscle coverings, which produces inflammation, tenderness, swelling, and pain on movement. The inflamed tendon can reduce blood flow and pinch nerves, causing pain in the arm when it moves. Any repetitive action can cause injury.

Symptoms include recurring pain on the inside or outside of the upper forearm just below the elbow, possibly radiating towards the wrist. Pain occurs when lifting, bending, twisting or extending the arm, or when gripping, and ranges from mild discomfort on movement to severe pain at rest. Arm stiffness is common, and may increase as tendon damage progresses. Pain or stiffness may affect other parts of the arm, shoulder or neck, as other muscles compensate for the elbow. The pain normally lasts six to 12 weeks, but can vary widely and become chronic, involving degenerative changes in the tendon (tendinosis). Numbness and pins and needles suggest nerve pathology and require assessment.

The elbow needs rest to heal. Splints can support during the day, and oral or topical analgesics can help, but healing may be slow. Steroid injections can speed up recovery to about four weeks, but may need repeating. Gradually increasing activity prevents a relapse, as does advice on sports technique and strengthening and stretching exercises.

Tendonitis in other tendons is treated in the same way.

Jogger's nipple

Jogger's nipple is dermatitis affecting the nipple and areola, which can become crusted, red, fissured and bleed. It is caused by friction from hard fibre fabrics, and is more common in men than women, probably because bras decrease friction.

Soothing topical preparations or topical hydrocortisone can be used for a mild case. Antibiotics may be needed in severe cases. Preventative measures include graduated increases in exercise to allow the skin to adapt, applying petroleum jelly, using adhesive bandages, wearing soft fibre shirts and using sports bras.

Anterior knee pain (AKP)

Also known as 'runner's knee', this is non-specific pain at the front of the knee, often patella femoral pain syndrome (pain behind the knee cap due to increased forces). It is caused by repeated impact from running on hard surfaces, and often affects young, female, healthy athletes. The kneecap rubs against one side of the knee joint and the cartilage surface blisters. The knee needs complete rest for several weeks, followed by a gradual return to running. The stiffness should be treated, possibly by physiotherapy. Exercises that strengthen the quadriceps and hamstrings will help to realign the knee. NSAIDs are helpful.

Blisters

Moist skin blisters more readily than dry or soaked skin. As new skin grows beneath the blister, the fluid is reabsorbed and the skin on top will dry and peel off. Unbroken skin over a blister is a barrier to infection and should be left intact.

If the blister causes pain or is likely to burst, it should be covered by a dressing that is changed daily. If it bursts, the dead skin on top should be left in place, the area pressed to get rid of the fluid, and then covered. Blood blisters are often painful, and applying cold to the area for 10 to 30 minutes immediately after injury can help. Infected blisters may need antibiotics.

Blisters can be prevented by keeping the skin dry and reducing friction. Allowing the skin to adapt to frictional forces slowly is beneficial. Products to help absorb or wick away moisture help, and well fitted sports gear will reduce friction.

If a hot area develops on the skin during exercise, a blister can be prevented by taping padding over it.

Head injuries

With any head injury, there is a risk of haemorrhage, swelling or fluid accumulating in the brain, with symptoms taking hours or days to develop. Blows to the head may cause concussion, when the brain is shaken and consciousness is lost, or brain damage if the brain bangs against the skull.

Refer anyone who reports any of the following:

- nausea, vomiting, dizziness
- headaches
- eye problems, including double vision, unequal pupil size
- memory problems, confusion, anxiety or depression
- extreme tiredness or lethargy
- loss of consciousness
- discharge from ears or nose
- bleeding from the scalp that cannot be quickly stopped
- paralysis of any part of the body
- slurred speech
- seizures.

After a minor head injury, the patient should rest for two hours, and avoid strenuous activity for two to three days, especially bending or lifting. A cold compress can be applied for 20 minutes every three to four hours for the first 24 hours. The patient should not be left alone or take anything that causes drowsiness, or aspirin (because of antiplatelet activity).

Children with minor head injuries should be watched for at least 24 hours, including while they sleep, and roused every two hours to check they respond normally.

Shin splints

Shin splints is an umbrella term for pains over the front of the tibia bone. It can be caused by problems with the bone, muscle or tendons. Common causes include tendon damage from overuse, stress fractures, and over-flattening of the foot. Shin splints are commonly seen in athletes who suddenly increase their duration or intensity of training, or who have high training levels.

The pain should be treated using ice and NSAIDs, and avoiding impact exercise to allow recovery. Shin splints may be prevented by increasing activity gradually, and by including some low impact training. Supportive footwear and/or insoles should be used and replaced regularly (most running shoes have a life of about 500 miles). If symptoms persist, a GP, physiotherapist or podiatrist should be consulted.

References can be seen at www.chemistanddruggist.co.uk/update

Jill Peaston MRPharmS is a community pharmacist in the East Midlands.

Your Continuing Professional Development CPD

Act

- If you don't already have one, invest in a good first-aid manual such as an authorised version by St John Ambulance, St Andrew's Ambulance Association or the British Red Cross. Read the chapters on the injuries mentioned in this article, together with the sections on bandaging techniques.
- Make a list of the important questions to ask someone with a sports injury, together with the signs and symptoms that need referral.
- Read the C+D Guide to OTC Medicines and Diagnostics' section on topical analgesics. Based on the article, select those products that would be most effective in sports injuries, both for use immediately and at later stages. In addition, consider which unlicensed heat/cooling products would be useful. Make sure you have ample stocks and that your medicine counter assistants are aware of your choices.
- Read the sports medicine section under Health at www.about.com to find general information to help you answer questions from the public, eg advice on injury prevention, tips for safe workouts and FAQs such as 'Should I exercise with a cold or flu?' (The section on OTC medicines for sports injuries, however, is based on American brands).
- Have you considered setting up a service for supplying medicines to local sports clubs and teams? Think how you might promote such a service and the specialist products you could supply.

Evaluate

- Are you now more able to recommend the correct treatment for a sports injury?
- Are you sure about which conditions can safely be treated with OTC remedies?

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the May 3 issue, which will cover this month's three CPP-accredited modules.

A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on **01732 377269**.

Chemist+Druggist in association with Genus Pharmaceuticals

C+D GENUS PHARMACEUTICALS

Clinical News

Mircera and Galvus accepted

The SMC has accepted methoxy polyethylene glycol-epoetin beta (Mircera) for the treatment of anaemia, and vildagliptin (Galvus) for use with metformin in managing type 2 diabetes. http://www.scottishmedicines.org.uk

• An Update educational article on renal anaemia will appear in C+D's April 26 issue.

Patches help quit rates

Using nicotine patches for two to four weeks before giving up smoking increases quit rates, the authors of a meta-analysis have claimed. Commentators have pointed out that this treatment approach is not covered by the product licences, however. Addiction 2008; 1203: 557–63.

Cochrane reviews best-read list

Fall prevention for the elderly, interventions for preventing obesity in children and beta-blockers in hypertension are the subjects of the most-frequently read Cochrane reviews, the organisation has announced. http://www.library.nhs.uk

No benefit from adding ezetimibe to simvastatin, study finds

Adding the cholesterol absorbtion inhibitor ezetimibe to simvastatin does not slow atherosclerosis further, despite achieving a substantial reduction in LDL cholesterol, a study has shown.

Writing in the New England Journal of Medicine, the authors reported that ultrasonography showed no significant difference in the rate of atheroma build up, as measured in the carotid and femoral arteries.

The reason for the treatments' failure to control atherosclerosis was unknown, the study authors said.

Clinical Alerts: Get them direct – www.chemistanddruggist.co.uk/register

Product recall

Neupro transdermal patches (rotigotine) Batch numbers starting with 47806, 47807 and 47808 recalled due to uncertain drug release from patch. Stock should be returned via the normal wholesale routes. UCB Pharma, tel: 01773 510123.

New Products

Restandol 40mg Testocaps 30s and 60s (testosterone undecanoate) Licensed for use as testosterone replacement therapy.

SPC Changes

Colestid granules for oral suspension (colestipol hydrochloride) Furosemide added to interactions section.

Cipramil drops (citalopram) Statement added on suicidal ideation and behaviours occurring both during treatment and soon after discontinuation.

Faverin tablets (fluvoxamine) Suicidal ideation and behaviours and mania added to side effects.

Revatio tablets (sildenafil) Ear and labyrinth disorders, including sudden deafness, added to undesirable effects section. www.emc.medicines.org.uk

A Practical Approach Returned OTCs

Pharmacist David Spencer has just answered the telephone at Update Pharmacy.

"Hello David, it's Lydia," says relief pharmacist Lydia Allen. "I'm phoning to tell you about those two OTC items I took back when I was in yesterday."

"Yes I saw them, and your note. Go on," David replies.

"About the multivitamin tablets first. A lady brought them in and said she got them last week. She said that she had asked you if it was alright for her to take them, as there was a warning on the pack that they contained vitamin K and they should not be taken with anticoagulants. She said she told you that she was taking aspirin 75mg tablets, and you said it was OK to take them together. But then her GP told her it was dangerous to take them together."

"And the returned cold remedy tablets?" David asks.

"They were brought back by a young woman who had bought them the day before. She said the information leaflet said that the effects of paracetamol, which they contained, may be reduced if taken together with oral contraceptives, and she was on the Pill. She wasn't happy taking them together and wanted to return them."

"I see you took back both products," David says. "But what did you tell the customers?"

Question

What should Lydia have told the customers about the supposed problems with these products?

Answer

a) Multivitamins containing vitamin K. There is no problem taking aspirin with this product, because there is no interaction. Aspirin and coumarin anticoagulants, such as warfarin, act via different mechanisms: aspirin inhibits blood platelet formation, which contributes to coagulation, through irreversible inactivation of cyclo-oxygenase, preventing the synthesis of thromboxane A2 which promotes platelet adhesion and aggregation; coumarins act by competitive inhibition of vitamin K, which is essential to synthesis of the clotting factor prothrombin. The GP appears to be confusing the two mechanisms.

b) Paracetamol and oral contraceptives. Paracetamol clearance is increased in women taking oral contraceptives, via a modest pharmacokinetic interaction, but its clinical relevance is uncertain. There would be no need to increase the dose of the cold remedy, especially as this would also raise the dose of the other constituents in the product.

c) Lydia would have given both customers an explanation in simple terms. She accepted back the products to retain goodwill.

CPD

This article can help in the following CPD competencies: **G1a, G1d, G20, C1f.** See www.tinyurl.com/194zu

C+D's A Practical Approach is supported by

APOTEX UK LTD

Jenks' sweet deal with Ricola

Distribution for the Ricola range of sweets is now in the hands of Jenks sales brokers.

A £1 million budget has been set aside for consumer support during 2008, aiming to make Ricola "the UK's number one healthy, premium-ranged, functional sugar confectionery," says the company. Each Ricola sweet is made with natural ingredients and contains 13 herbs, grown in Switzerland. New to the range in the UK is a menthol flavoured variant. Products are presented in 37g tubes, 45g boxes and 70g bags, displaying nutrional information.

Product info:
Jenks Sales Brokers
Tel: 01844 293600

Curanail spreads the word on fungals

Fungal nail infection treatment Curanail (amorolfine 5 per cent) is being supported with a £1.5 million media and PR campaign this year.

TV advertising is scheduled to run during June and July on GMTV, Channel 4, More 4, ITV 3 and other satellite channels.

PR is focusing on national news and consumer lifestyle publications. Beginning this month, advertising features are running in Good Housekeeping, Cosmopolitan, Company, Zest and Eve magazines. Online adverts are running on the search engine Google and posters are appearing nationwide in LA Fitness gyms.

Over a million people in the UK have fungal nail infections, says manufacturer Galderma.

Product info:
Galderma
Tel: 01923 208950


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"Exactly what I want, exactly when I need it. That's not too demanding is it?"
Our responsive, twice-daily delivery service makes it easy for you to get on with the business of providing your customers with the medicines they need. That's how to buy generics.
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To find out more about Accumulator call us on 0800 731 0370
or email accumulator@actavis.co.uk

Viviscal™

A new generation in hair supplements

- **NEW**
- **IMPROVED**
- **MORE EFFECTIVE**
- **AVAILABLE NOW**

The most widely sold hair supplement worldwide

Lifes2good are proud to announce the acquisition of the world renowned Viviscal brand – the **ORIGINAL 100%** natural hair supplement formula, made in Finland and based on extensive scientific studies and a protected formula.

Compare the facts

See why consumers across the UK are switching to **Viviscal:**

	Viviscal Maximum Strength supplements	Nourkrin Extra Strength supplements
Protein Content	22%	13%
No of published scientific studies*	4 (male and female participants)	1 (only 4 female participants)

Viviscal has up to

60% more protein

than the nearest competitor.**

*References available on request from Lifes2good on 01923 852790

**as at 25th February 2008

To order Viviscal, contact Trinity Sales & Marketing Ltd on

01235 838590

Thousands are switching to Viviscal

TV celebrities Cheryl Baker and Lee Sharpe are delighted and proud to be ambassadors for the NEW Viviscal brand.

£500,000 National Media Campaign

- **Supported by industry expert Terry Calvert** (Vice President of the Fellowship for British Hairdressing)
- **TV and National Press**
- **Extensive and ongoing PR campaigns**
- **Key magazine titles**

Cheryl Baker

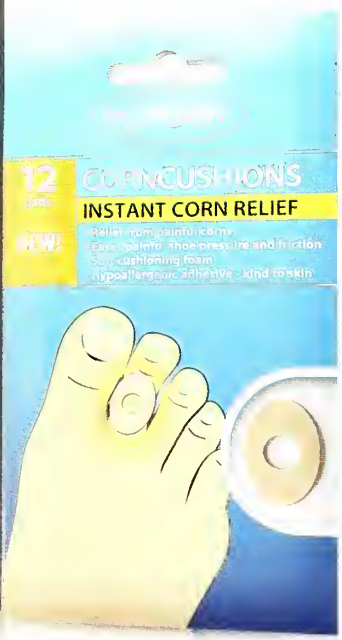
Lee Sharpe

Viviscal... best for your customer, best for the category

A firm footing with Profoot

Six new products have been added to the Profoot range.

For instant relief from painful feet, Gel Ball of Foot Cushions are suitable for use with all kinds of footwear. They help reduce friction and redistribute pressure while helping reduce hard skin build up, says Profoot.



SoftGel Tube combines a polymer gel with a mesh fabric covering to give wrap-around protection for toes and fingers. Presented as a 15cm length, the tube should be cut to size. It is said to relieve comfort from, for example, arthritis, digital corns and pressure from footwear. Mineral oil is included to help soften the skin.

To protect feet from rubbing, Profoot Moleskin can be attached to the foot or shoe to provide padding while corn cushions can be used to give instant relief from painful corns. Similarly, the range offers callus cushions for use on the ball of the foot and bunion pads to relieve rubbing on bunions. In all cases, the adhesive is hypoallergenic.

Price: from £1.65 to £4.99
Product info:
Profoot UK Ltd
Tel: 020 8492 1600

New sales support for Viviscal

Trinity Sales & Marketing has been appointed by Lifes2good to support its Viviscal hair loss supplement.

Trinity will facilitate sales to pharmacy through transfer orders and will provide support in the shape of point of sale materials, consumer leaflets, training guides and a customer helpline, says Lifes2good.

Viviscal was taken on by Lifes2good earlier this year (see C+D, January 26, p25) and is being supported with a £500,000 advertising and PR campaign which, reports the company, has attracted thousands of users to the brand.

Product info:
Trinity Sales & Marketing
Tel: 01235 838590

Iso-Active is on the campaign trail

Aquafresh Iso-Active foaming gel is being supported with a £5 million communications campaign, reports manufacturer GSK.

The TV campaign began last week and runs until early May. Taking an 'Aquafresh Amazing' theme, the ad uses computer graphics to demonstrate how the gel forms an active foam to protect between the teeth and remove 25 per cent more bacteria than standard toothpaste.

Running alongside the TV advertising, a nationwide poster campaign is underway using the strapline 'Works beyond paste' and featuring the recently launched Aquafresh 3-Way Buzz toothbrush.

Product info:
GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637

Taste the difference with Glutafin

Recipes have been upgraded for certain products in the Glutafin range of gluten-free foods. Sliced white, fibre and seeded 400g loaves in the Select bread range have been improved to make them taste better while the size of slices has been increased. All are high in calcium and provide a source of folic acid. The fibre and seeded variants are high in fibre and all are available on prescription.

Alongside, Glutafin's digestive biscuits have been improved, resulting in a better taste and texture and making them "closer to the real thing", says Glutafin. The digestive is one in a range of biscuits that have been improved, adds the company.

Information on coeliac disease, Glutafin products and recipes can be found on the newly updated Glutafin website that now includes an interactive 'viewpoint' section.

Coeliac Disease Awareness week runs from May 12 to 18.

Product info:
Glutafin
Tel: 0845 6039895
www.glutafin.co.uk

All in a lather

Zeosoap has been launched in the UK. Manufactured in New Zealand, the biodegradable soap contains zeolite, formed by the reaction of thermal spring water with volcanic ashes and said to remove ground-in dirt, grime and oils. Further natural ingredients including tea tree oil, silica and clay, mean the soap disinfects, exfoliates and deodorises while cleaning hands and feet.

The soap has been featured on television in the UK and shown to absorb toxins, smells and stains, says distributor Chiltern Brands. Counter display units are available.

Prices and pip codes:
£3.99/118g, 337-1721;
£12.99/4x118g, 337-1739
Chiltern Brands
Tel: 01525 860792
www.zeosoap.com

Abbott soups up Ensure Plus offering

The Ensure Plus range from Abbott Nutrition has been extended with the launch of savoury soup. The two flavours – chicken and mushroom – can be eaten warm as soup or incorporated into other recipes, suggests the company.

The launch brings the number of flavour and style combinations available in the Ensure Plus range to over 30. Independent taste tests have found seven out of 10 people like the products, important in encouraging patient compliance, says Abbott.

Product info:
Abbott Nutrition
Tel: 0800 252882

Products advertised on TV next week

Anadin Ultra & Extra: All areas
Berocca: All areas
Front Line Spot On: GMTV, Five, Sat, West Country
Hedrin: GMTV, Five, Sat
Rennie Dual Action: All areas
Seven Seas JointCare & CLO: All areas
PharmaSite for next week: Freederm – windows, **Freederm** - in-store, **Freederm** – dispensary
Pharmacy channel: NiQuitin, Fusion Condoms, Clearly Herbal

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

C+D

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12 noon Monday prior
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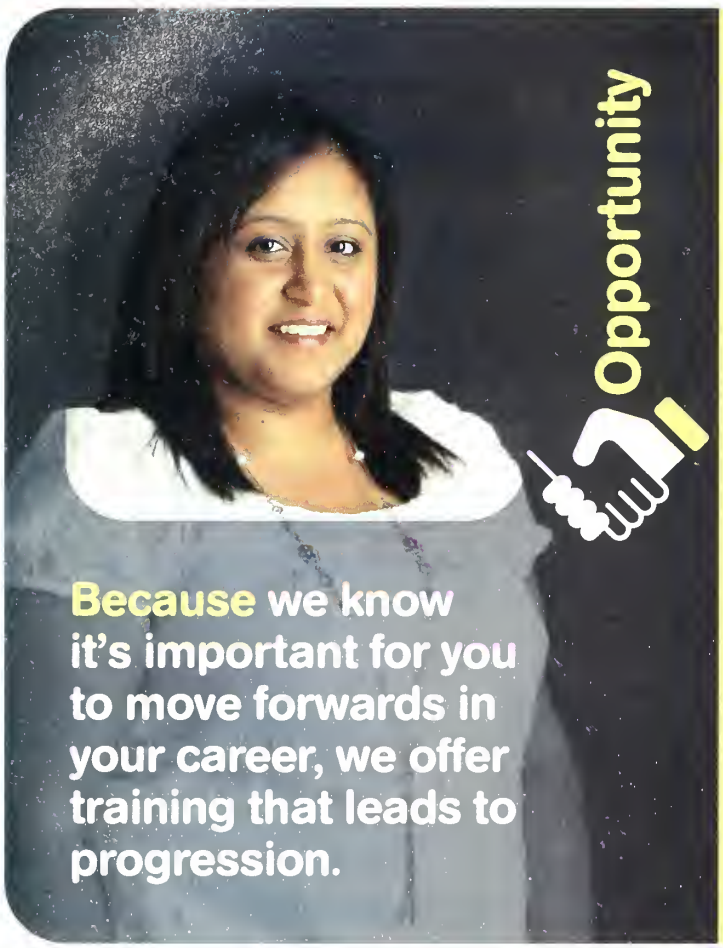

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If you are interested in applying for this vacancy then please forward your CV and covering letter to:

Debbie Blackwell
Human Resources Manager
PHOENIX Healthcare Distribution
Rivington Road
Whitehouse Industrial Estate
Runcorn WA7 3DJ

Closing Date for Applications: Friday 25th April 2008

Please No Agencies

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You will write news and features for the magazine, as well as work with C+D's Online Editor to manage the day-to-day running of C+D's new website, including co-ordinating e-newsletters to C+D's growing online readership.

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C+D is part of CMP Medica, the global healthcare division of United Business Media. As part of one of the largest publishing companies in the UK, C+D offers a great working environment and all the benefits you would expect from a major employer.

If you think you have what it takes, send your CV and a covering letter by email to Gary Paragpuri MRPharmS, C+D Editor, at **gparagpuri@cmpmedica.com** or post to **Chemist+Druggist, CMP Medica, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE. Closing date: April 25, 2008**

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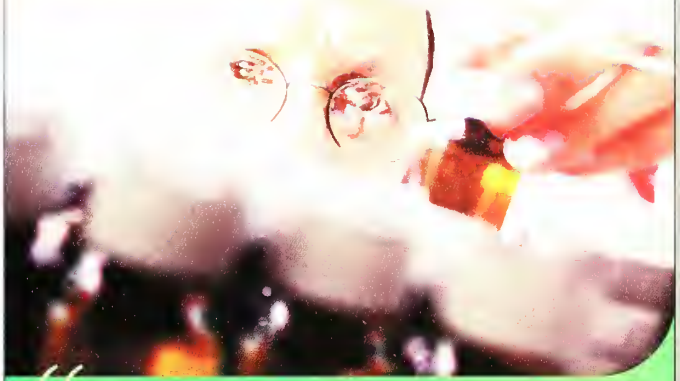

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postScript

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In the lap of the Gods

McLernon Computers has donated a laptop to the Ulster Chemists' Association's designated charity.

Together with Hewlett Packard, the pharmacy IT supplier presented the gift to Aware Defeat Depression, after UCA president Paul McDonagh designated support for the mental health charity for his term of office.

Pictured, from the left, are: Colin French, Hewlett Packard; Keith McLernon, McLernon Computers; Sharon Sinclair and Alison Smyth, both of Aware Defeat Depression

C+D NEWS FROM 68 years ago

Election matters

Society elections may not excite today's pharmacists but in the last century they could cause quite a stir.

In 1940, C+D recalled the election of Miss Margaret Elizabeth Buchanan the first female member of council.

Mr Herbert Skinner wrote following the election: "things were not moving smoothly and strong resentment on the Pharmaceutical Society of Bloomsbury Square was still strongly manifested. A few kindred spirits met at the Progressive Pharmacy Club including John Humphrey, Hugo Wolff, myself and a few others. We determined to try and bring in some of our club members, Miss [illegible] and Miss [illegible] as candidates for the 1918 election. She was progressive in every sense of the word, somewhat strident on the platform, but she succeeded in getting elected and for the Pharmaceutical Society [illegible] first woman [illegible] constituency. That [illegible] certain quarters is one [illegible] not easily forgotten."

[illegible] C+D helped to [illegible] and for successive [illegible] addressed envelopes [illegible] Margaret Buchanan."

Great Scott

Fiona Scott hands her latest cheque to Macmillan Cancer Support's fundraising manager for the south of Scotland.

Ms Scott, of Wiers Pharmacy in Selkirk, has raised more than £84 000 for the group over the last 10 years. She has held fundraising events such as cheese and wine evenings, auction nights and a 'This is Your Life' evening for a local musician. As a result of her fundraising efforts, Ms Scott has met Prince Charles and attended the Royal Garden Party in Edinburgh.

Web comment of the week

"Before getting too excited with future new roles, let's see exactly what cash is on the table. Never trust politicians, especially when they are floundering in the polls. Go no further expounding 'recognising pharmacy's potential'... professional recognition does not pay the bills. Hard talk and negotiations are the order of the day!"

Posted by Graham Morris, on 03/04/2008 07.51

Have your say on C+D's website register for free at www.chemistanddruggist.co.uk

Moving on

The RPSGB has appointed a new chief inspector. Magistrate **Sarah Billington** joins the Fitness to Practise and Legal Affairs Directorate from the Healthcare Commission, where she was an enforcement manager.

Malcolm Clubb is Community Pharmacy Scotland's newly-appointed development pharmacist.

Wholesaler AAH has created a director of marketing post, filled by **Leon Rudd** (left). Mr Rudd's background is in software and technology marketing.

Graffiti is usually an unwelcome addition to any wall but last month Anand Chavda was over the moon when his north London pharmacy became a canvas for cult street artist Banksy. Since it appeared, Mr Chavda, of Savemain Pharmacy, said: "People and experts have been coming to see it, and it has been nice seeing lots of people standing outside and taking pictures."

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Information about adverse event reporting can be found on www.yellowcard.gov.uk Adverse events should also be reported to the Taro UK Office Tel +44 8707 369544/ email:regulatory@taropharma.co.uk

For further information please freephone 0800 854431 or contact Winthrop Pharmaceuticals, 1 Onslow Street, Guildford, Surrey, GU1 4YS. Fax number 01483 554809. Date of preparation: August 2007 STW 336